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Example I	The state of the s	Example II		
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	92.00
County Cecil	Registration Dist. No. 9/
Village or City St. Conquestine	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
14 21	L'
2. FULL NAME Steven Henry Bost	
(a) Residence: No. 1824 Chesapeake Carty, Mc	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH for 21, 193
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of Rachel noakes Bostic	22. I HEREBY CERTIFY, Thet I attended deceesed from
1000	, 19 , , to , , , , , , , , , , , , , , , ,
6. DATE OF BIRTH (month, day, and year) 477 7. AGE Years Months Days If LESS than	I last saw h alive on
7 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trede, profession, or particular	brobabl acute dilitation Date of onset
kind of work done, as SPINNER, farm laburer SAWYER, BOOKKEEPER, etc.	of the heart
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7
SAW MILL, BANK, etc On the deceased lest worked at this occupation (month and the companion of the compa	last attended by physician Febry 34
this occupation (month and Not) 34 spent in this yeer)	
be- I for +	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Chronic valvulas heart
	Mease for since
Ε //	Name of operation Date of
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Elizabeth ? Bustice	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Rachel Bostice (Address) PDI Cherapeake laity had	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mana Comity Date for 714, 1925	Nature of injury
19. UNDERTAKER Sarah G. Moore (Addiess) Middleton, Wel.	24. Was disease or injury in any wey releted to occupetion of deceased? Lo
20, FILED 1/22 1935 BH. Brown	(Signed) I. Hodhung Frages Corone M.D.
Registrar.	(Address) Gelle Tin hed

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PLACE OF DEATH	STATE OF MARYLAND
County Dell	© CERTIFICATE OF DEATH
Village or City Perseptle (No	Registration Dist. No. O St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
2FULL NAME / COUNTY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 28 , 1935 (Month) (Day) (Year)
6 DATE OF BIRTH Jan 28 (Month) (Day) (Year)	17. I HEREBY CERTIFY, That I stended the deceased from 28 1925 to 28 1925 that I last saw h walige tentillers for 28 1975
7 AGE If LESS than day hrs. day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Tremature Separation of
business, or establishment in which employed or (employer)	Collection (Duration) yrs. mos de
9 BIRTHPLACE (State or country) Persipule ML 10 NAME OF	Contributory Secondary (Durstion) (Signed) (Signed) (M. Durstion)
FATHER Ornest Treston	Jan 28 135 (Address) Recreptiles
OF FATHER Contanderile (State or country) WA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thelmakeona Campbell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Thelina K. Vainter	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Very ville, Md	Culteruser Jan 28, 1935
Filed 128 1955 to 31 Danders, Registrar	Leong Campbell Carryelle
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womgaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"('Inanition,'" "('Marasmus,'" "Old Age,'" "Shock," "('Uraemia,'" "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; "Congenital," "Senile," etc.), "Dropsy,",
," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Ceci	l	WITHOU CORRES	A THE STREET	(131)		0	7
Village or City	Extern		Na	~~~~~~~~~~~~~~~	Registration	Dist. No.	
Village of Oity	9,0000		(If death occurred	in a hospital or insti	lution, give its NAMI	E instead of street and	Number)
Length of residence in city or	town where death occurs	redyrs			of foreign birth?		
2. FULL NAME U	illian	u A Co	awto	ord			
(a) Residence: No.	West 2	rain	A	Ward.			
		al place of abode)		watu.	If nonresident	give city or town an	d State
PERSONAL AND S	STATISTICAL P	ARTICULARS		MEDICAL	CERTIFICATE	OF DEATH	
male 4. color of		E, MARRIED, WIDOWED VORCED (write the word	21. DAT	E OF DEATH	gan	2/	ک _{ی 193}
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Olev	a Pregor		22.	IHEREB	Y CERTIF	(Day) Y. That I attended	(Year
	2000	101	/			a 21	, 19.
6. DATE OF BIRTH (month, day, and		10 186	/ I last saw h		7	, 19 3 4	; death is
7. AGE Years	Months Da	ys If LESS tha	The second secon		ted abova, at 6 3		
1211	9 /	/ ormin.	ware as fol	lows:	ATH and related cause	es of Importance	Date of
8. Trade, profassion, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	PINNER. /7	ined	ch	our m	terstitud	replieting	
SAWYER, BOOKKEEPER,		P. +	4				
9. Industry or business in which work was done, as SILK SAW MILL, BANK, atc	MILL, SCORE	-/astaura	<u> </u>				
10. Date deceased lest worked of this occupation (month ar		Total time (years) 5					
year)	1929	occupation	7				
12. BIRTHPLACE (city or town) (State or country)	OF DEA	vsit	Other Contr	ributory Causes of Imp	teris - se	lerosio	
1 2	Chan	ford.					
13. NAME 7 2	ort DE	posit	Name of ope	eration	***************************************	Date of	
(State of country)	many	Lund	What test co	onfirmad diagnosis?		Was there an	eutopsy?
15. MAIDEN NAME CO	ianua"	Whitelow			uses (VIOLENCE) fil		
15. MAIDEN NAME A do	Post Day	vsit					
(State or country)	nough	and	Whera did in	njury occur?			
17. INFORMANT Zarle (Address) Elit	va not	ord	Specify whe	ther injury occurred	(Specify city or in INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVE	Lel water Date	on 34, 192	Manner of in				
19. UNDERTAKER H. W., (Address) Elkton	a Frid		24. Was disea	ase or injury in any	way releted to occupa		
20. FILED an 25, 19	Brown S	Borger Registrar.	(Signed	146-	bert &	Boli,	
1	If more blanks are -	eeded, address State Regist					

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00379
1. PLACE OF DEATH	(3)
County Cecil	Registration Dist. No.
Village or City Elflow Mucon 14	No. St., Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds- How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laura Dein	riss
(a) Residence: No. Math East Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH . B 193 5 (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBANO of	
(or) WIFE of John Dennis	HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Seft 30 1863	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 7/3/A-m.
7 / 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and spent in this programme).	Date of onset
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O 10. Dete deceased last worked et 11. Total time (years) spant in this year)	
2007/804	Other Contributory Causes of importants:
12. BIRTHPLACE (city or town)	Janysen y till foot
14. BIRTHPLACE (city or town) North East RD	Name of operation. Dete of
(State or country) The land	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sanah Lilly	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) North East	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Charle Dennis (Address) Elkton 2nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Forth Earl Med Date Jan 2019 35	Manner of Injury
19. UNDERTAKER T. W. Pigpin	Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased?
(Address) Witten Zand	If so, specify
20. FILED lan 19. 1905 A Francis Arcies	(Signed) (Address) Wash, and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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S No. 1 >

	- Elsi	ton	t	11 2.	Registration	Dist. No.
Village or	City City 2 FULL NAME NES	ton Dy	The	ord address C	St.: Ward	(If death occurre a hospital or ins tion, give its NAM stead of street number.)
PER	RSONAL AND STATISTIC	CAL PARTICU	LARS		CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	MARRIED, WIDOWED. OR DIVORCED (Write the word)	ingle	16 DATE OF DEATH	James (Month)	4 9 135 (Day) 1/35 (Yea
6 DATE O	av.	27	, 1880	Jan Jerery C	ERTIFY, That I al	ended the deceased
7 AGE	(Month)	(Day)	(Year) If LESS than I dayhrs.	and that death occurred The CAUST OF DEATH	on the date states	above, at 18 P.
(b) Gene	eral nature of industry			-	Land	······································
business, which er	or establishment in mployed or (employer)			Contributory Secondary	(Duration)	уга
business, which er 9 BIRTHPI (State	or establishment in mployed or (employer)	Co.	(Secondary (Signed)	(Duration)	Jre. mos S
business, which er 9 BIRTHPI (State 10 NA FAT 11 BIR OF Z	or establishment in imployed or (employer)	Co.	<i>(</i>	Secondary (Signed)	(Address) Clear (See Causing Death, (1) Means of Ir	Savis apeale lity. or, in deaths from
business, which er 9 BIRTHPI (State 10 NA FAT 11 BIR OF Z 0 (State) 0 (State)	or establishment in imployed or (employer) LACE or country) ME OF THER THPLACE FATHER tate or country) IDEN NAME MOTHER	Co. Herce in Co Bust	f.,	(Signed)	(Address) Death, (1) Means of Ir Homicidal. DENCE (For Hospients)	or, in deaths from and (2) Wheth
business, which er 9 BIRTHPI (State 10 NA FAT 11 BIR OF (S) 12 MA OF 13 BIR OF	or establishment in imployed or (employer)	Co. Here ix Co Birst iil C	f.,	(Signed)	(Address) (Addre	Savis a peake lity or, in deaths from jury and (2) Whether tals, Institutions, 7
business, which er 9 BIRTHPI (State 10 NA FAT 11 BIR OF Z D 12 MA OF C 13 BIF OF (S)	or establishment in imployed or (employer)	Co. Here ix Co Birst cix Co	DGE	(Signed)	(Address) Death, (1) Means of Ir Homicidal. DENCE (For Hospients) In the Sta	Savis a place lity or, in deaths from jury and (2) Whether tals, Institutions, 7
business, which er 9 BIRTHPI (State 10 NA FAT 11 BIR OF (S) 12 MA OF 01 13 BIF OF (S) 14 THE AB	or establishment in imployed or (employer)	Co. Here ix Co Birst of MY KNOWLE	DGE A	*State the Disca Violent Causes, state Accidental, Suicidal or 18 LENGTH Of RESID ients or Recent Resid At place of death	(Address) (Address) (See Causing Death, (1) Means of Ir Homicidal. DENCE (For Hospi ents) In the Sta	Savis appeare Lity or, in deaths fro njury and (2) Wheth tals, Institutions, 7

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



atic), st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ or intercurrent) affection need Whooping or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart Always qualify all disease;

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BINDING

FOR

RESERVED

MARGIN

No.

infor

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MARGIN RESERVED FOR BINDING

The Personal And Statistics of industry of the word of the property of the word of the word of the property of the property of the property of the property of the propert	STATE OF MARYLAND	CERTIFICATE OF DEATH 300386
Village or City Lelluture 1998 (Beath occurred in a hospital or inside time, give in NAME interest and number) Length of residence in city as town where death occurred 1998 (Beath occurred in a hospital or inside time, give in NAME interest and number) 2. FULL NAME 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City Lelluture 1998 (Usual piace of shock) Village or City City or Level 1998 (Usual piace of shock) Village or City City or Level 1998 (Usual piace of shock) Village or City City City or Level 1998 (Usual piace of shock) Village or City City City or Level 1998 (Usual piace of shock) Village or City City City City City City City City		(12.0)
Length of residence in city of flown where death occurred. YES, Most of Country Count	County Cecil	Registration Dist. No. 9.2
Length of residence in city of town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WINDOWED, Or DIVORCED (sprice the world) Sa. If married, widowed, or diversed HUSBARD or Or (cr) Wife of the world o	Village or City Elkton Muon Hosp	
2. FULL NAME (a) Residence: No. (b) Seller St. (C) Sunspises of shocks (C) St.		
(3) Residence: No. Selley (Charaplece of sheds) (Charaplece of shed	21 6 2 1 00	and the same of th
3. SEX 1. COLOR OR RACE 1. S. SINCLE, MARRIED, WIDOWED, OR DVORCED Genic the world) 2. DATE OF DEATH 2. DATE OF DEATH 2. LI HERE BY GERT IF Y. That I attended deceased from 1935 hills or 1935, to	(a) Residence: No. Belles Lane	
Male Worked OR BIVORCED (cgrite the word) 58. If married, widowed, or divorced (or) WIFE of HUSBAND (OB) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LEST than 1 allowed deceased from 19.5 1. I sarpaw h	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSAND (Or or Divorced HUSAND) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Grade, profession, or particular kind of work done, as 5 PINNER, Chauffeur 8. Grade, profession, or particular kind of work done, as 5 PINNER, Chauffeur 9. FAMPURE, BOURKEER, etc. OR DIVORCED (rurite the word)	· Jan 27 193 3	
6. DATE OF BIRTH (month, day, and year)	5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year) The 2 ST	(or) WIFE of	0 = 61
Second colors Second color	6. DATE OF BIRTH (month, day, and year) The 2 1899	
8. Frade, profession, or particular kind of work done, as SPINNER, Chariffeur Sayter, 600, 100 or sold of sections of the section of sections		
8. Krade, profession, or particular kind of work done, as SPINNER, Chaufeur 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at 220 lil. Total time (years) spent in this 3 year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Jundert Aker (Address) 20. FILED 21. Signed) 19. Jundert Aker (Signed) 22. Mas disease or injury in any way related to occupation of deceased? 19. Signed) M. D. (Signed) M. D. 33 26 ormin.	were as follows:	
9. Industry or business in which was done, as SLIK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and 1/93.5) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Electron for the country) 19. UNDERTAKER (Address) 19. The place Electron for the country (Signed) 10. Mane of operation Other Contributory Causes of importance: 11. Total time (years) spint in this occupation Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: Was there an au'opsy? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Other Contributory Other	8. Trade, profession, or particular kind of work done, as SPINNER, Chaulteur	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Electron (State or country) Many Land 14. BIRTHPLACE (city or town) Electron (State or country) Many Land 15. MAIDEN NAME Mollie Wilson (State or country) Many Land (State or country) Many Land 16. BIRTHPLACE (city or town) Electron (State or country) Many Land (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Euron 18. BURIAL, CREMATION, OR REMOVAL Place Electron Colon Centry Date Taly Namer of Injury Nature of injury 19. UNDERTAKER (Address) Euron 19. UNDERTAKER (Address) Euron 19. UNDERTAKER (Signed) Many related to occupation of deceased? 16. So, specify (Signed) M. D.	SAWYER, BOOKKEEPER, etc	Mine Culture - fair
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Electron (State or country) Many Land 14. BIRTHPLACE (city or town) Electron (State or country) Many Land 15. MAIDEN NAME Mollic Wilson (State or country) Many Land 16. BIRTHPLACE (city or town) Electron (State or country) Many Land (State or country) Many Land 17. INFORMANT Mollic Troflord (Address) Electron 18. BURIAL, CREMATION, OR REMOVAL Place Electron Colon Center 19. Manner of Injury Nature of injury 19. UNDERTAKER (Address) Electron 19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Electron 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Electron 19. Nature of injury 19. Was disease or injury in any way related to occupation of deceased? 16. Specify 17. Specify 18. Specify 19. Specify 1	work was done, as SILK MILL, SAW MILL, BANK, etc.	Tula Et Ja
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What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Mollie Wilson 16. BIRTHPLACE (city or town) (State or country) The place and the following: 17. INFORMANT Mollie 18. BURIAL, CREMATION, OR REMOVAL Place and the following: 18. BURIAL, CREMATION, OR REMOVAL Place and the following: 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. INFORMANT (Signed) What test confirmed diagnosis? Was there an au'opsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Name of Injury Nature of injury 19. UNDERTAKER (Signed) (Signed) Manner of Country (Signed)	13. NAME John W/Holland	
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(Address) Election find If so, specify 20. FILED feer 31, 1935 fraces fraces (Signed) on Cumuluell M. D.		T
20. FILED FOR		
	40. FILEOG francisco, 10-10-10-10-10-10-10-10-10-10-10-10-10-1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
phiseau v. *	1		
Other contributory causes of importance:	pa paratri	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			age t

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should be carefully supplied. ACE should be stated EXACTLY, PHYSI-E OF DEATH in plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificate. WITH UNFADING INK-THIS Every item CIANS sho statement

FOR

RESERVED

MARGIN

PLACE OF DEATH RECORD BINDING

(Address)

15

80

(131)

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration D	hst. No.	
St:	Ward)	a hospital	occurred in or institu- ts NAME is

2FULL NAME Samuel	St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR-BWORCED (Write the word)	16 DATE OF DEATH January 3 1938 (Month) 3 (Day) // Styear)
(Month) (Day) (Year)	17 (1) HEREBY CERTIFY, That I attended the deceased from 1935 to Jan 3, 1955 to that I last saw ham alive on the same 2, 1855
7 AGE 96 yrs	and that death occurred on the date stated above, at
e OCCUPATION (a) Trade, profession or Particular kind of work	artiovamenta rend
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs. mos. do
11 BIRTHPLACE OF FATHER (State or country) 12 State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs do do State yrs do do State yrs de Stat
(Informant) Thomas My KNOWLEDGE	Former or usual residence

Saratoga St., Balto., Requesting V. S. No. 1. If more blanks are needed, address Ltate Registrar, 15 W.

Registraz

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without loborer, Laborer—Coat many loborer, Farm laborer, Laborer—Coat many loborer, at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-Spinner, (b) Colton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Stationory fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetonus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicoemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcosles; (secondary unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1 00

•	County(Cecil	00000000000000000000000000000000000000	000		CATE OF DEATH
				(46-2)	Registr	ration Dist. No. 23
Vill	age or City	Childs, Md	• (No.	*	St.:	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street ar
	2FULL	NAME John	Kardasz	**************************************	************************	stead of street ar number.)
	PERSONA	AL AND STATIST	ICAL PARTICULARS	MED	ICAL CERTIFIC	ATE OF DEATH
3 5	EX Ale	4 COLOR OR RACE	MARRIED, WIDOWED.	16 DATE OF DEA		16th, 1935, 192
_			OR DIVORCED Single	9		h)(Day)(Year)
6 D	ATE OF BIRT	H (Month		Jan. 2d, 1	934 . 192 . to	Jan. 15th, 1935,92 Jan. 15th, 1935,92
7 A	ge 90) yrs. ?	lf LESS than I day hrs. or min.?	The CAUSE OF D	curred on the date EATH * was as foll a of liver.	stated above, at 3 30 A nows:
OF.	o) General natu usiness, or esta		GI.	***************************************	(Duration	unknown mes d
D D D	o) General natu usiness, or esta	ure of industry ablishment in l or (employer)		Contributory	(Duration	
D D D	o) General naturations or esta hich employed	ure of industry ablishment in l or (employer)	nd.	Contributory Secondary (Signed)	4. 8 Parais	mos d
9 B	O) General natusiness, or establishess, or establishess or count (State or co	ure of industry ablishment in l or (employer) try) Polar Unknow CE R Sountry) Unknow	nd.	Contributory Secondary (Signed) Jana 16th *State the Violent Causes.	Daratio Daratio Daratio Daratio Daratio Causing State (1) Means	
9 8	o) General natusiness, or establishess, or establishess or establishess or countries of the control of the cont	ure of industry ablishment in l or (employer) try) Polar Unknow CE R country) Unknow	nd.	(Signed) *State the Violent Causes, Accidental, Sulci	Duration Dur	1
RENTS	O) General natusiness, or establishess, or establishess or count of the count of th	ure of industry ablishment in l or (employer) try) Polar Unknow CE R COUNTRY) Unknow CAME R Unknow CE R Unknow	od.	(Signed) Secondary (Signed) State the Violent Causes, Accidental, Suicidental, S	Duration Dur	M, I Elkton, Md Neath, or, in deaths from of linjury and (2) Whether Hospitals, Institutions, Tran
PARENTS	O) General natusiness, or establishess, or establishess, or establishess, or establishess, or establishess, or establishess, or count of NAME OF FATHER 11 BIRTHPLACOF FATHER 12 MAIDEN NOF MOTHE 13 BIRTHPLACOF MOTHE (State or C	Unknow CE R COUNTRY Unknow CE R COUNTRY Unknow CE R Unknow	md. m. m. m. T OF MY KNOWLEDGE	(Signed) Secondary (Signed) State the Violent Causes, Accidental, Suicidental, S	Duration Dur	M. In the State Winknown of the State winkno
PARENTS	O) General natusiness, or establishess, or establishess, or establishess, or establishess, or establishess, or establishess, or count of NAME OF FATHER 11 BIRTHPLACOF FATHER (State or C 12 MAIDEN N OF MOTHE (State or C THE ABOVE IS (Informant)	ure of industry ablishment in lor (employer) try) Polar Unknow CE R Unknow CE R Unknow CE R Unknow TRUE TO THE BEST V. H. Mc Kr	md. m. m. m. T OF MY KNOWLEDGE	(Signed) *State the Violent Causes, Accidental, Suici to LINGTH OF ients or Recent At place of death 1 yrs. Where was disease it not at place of Former or usual residence.	Duration Dur	Elkton, Md Peath, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Transit the State yinknown

(Approved by U. S. Census : nd American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., without more precious anine, etc. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation - Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The materia (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E.:amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Tophoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

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Registrar.

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Registration Dist. No. 96
ty No. Perry Point, Md. St., Ward
eath occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U. S. if of foreign birth?yrsmosds.
-1 796 789
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH January 19 193 5.
(Month) (Dey) (Year)
22. I HEREBY CERTIFY, Thet I ettended deceased from
January 17 19 35, to January 19 19 35
l last saw h im elive on January 19 , 19.35; death is seld
to have occurred on the dete steted above, et. 2:05_A.M.
The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
Acute Alcoholism Admitted this
facility 117-
35
Other Coatributory Causes of importence:
Neme of operation None Date of
Whet test confirmed diegnosis? History and Wes there en eutopsy? No
23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
Accident, suicide, or homicide?NQ
Where did Injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
No injury
Manner of injury
Nature of injury
24. Was disease or Injury In any way related to occupation of deceased?
If so, specify 77
(Signed) Kerry Barkbell M. D.
D. D. CAMPBEIL M.D. Manager.

19. UNDERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
REPORT V. S		b	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis *	1 year

V. S. No. 1

important.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00391
1. PLACE OF DEATH	(920)
County Cecil	Registration Dist. No. 92
Village or City Elkton	No. Union Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MARY L KEITHLE	\
(a) Residence: No. T15 IN G S U N (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) VIDOW	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of NS information	1 HEREBY CERTIFY, That I attended deceased from 2 10.35
6. DATE OF BIRTH (month, day, and yeer) MAY- 2-1858	t last saw her allve on Jan 27 , 19 35; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2, 13 9 m.
76 8 26 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronie endocardetes (?)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
to DIDTING ACT (six as Asses)	Other Contributory Causes of Importance;
(State or country) FN NSVLNADIA	
E 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME SARA AND WILLIAMS 16. BIRTHPLACE (city or town) 200 - unformation	23. If death was due to external causes (VIOL ENCE) fill In also the Iollowing: Accident, suicide, or homicide?, 19, 19, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Win my logue (Address) Rising Smith had	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Synthesis Camelai Oate Jan 3/ 1933-	Manner of injury
19. UNDERTAKER The Propries	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Elector and	If so, specify A A
20. FILED You 28, 1975 Francis France	(Signed) II. Morrison M. D. (Address) Elkton, Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	The GL
eld of	County	Registration Dist. No.
item of should of OCC	Village or City Low held out, Ath.	No. St., Ward
= 0	Length of residence in city, or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Howlong in U.S. if of foreign birth?
Every	2. FULL NAME Harold havrily	atue
	(a) Residence: No. Couthle Posit, NE	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3.6EX 4. COLOR-OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
7 7 .	3. SEX 4. COLOR OR RACE OR DIVORCED (wire the word)	(Month) (Day) (Year)
BINDING PERMANEN EXACT! y classified te.	5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
RMA X A class	(or) WIFE of	Jan - 1 1935, 10 Jan 7 - 1935
BIN ERN EX y cl	6. DATE OF BIRTH (month, day, and year) June 6, 1933	I last saw h alive on 1,5 ,19 5, death is said
E	7. AGE Years Mouths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 - P.m.
FOR IS A I stated properl	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and the tanks
	9/Industry or business in which	acus contered 1-172
ERV] K—T hould t may back	9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
INI INI E sl at it	10. Date deceased last worked at this occupation (month and year)	
Z 49	1 In that Pasit	Other Coutributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	12. BIRTHPLACE (city or town) (State or country)	
MARGI UNFA supplied n terms, ee instru	13. NAME Trederick J. Larkue	
o tad	13. NAME TELLERIES V. VALLE VILLE VI	Name of operation Date of
E fig	(State of country)	What test confirmed diagnosis? Was there an autopsy?
ar ii e	15. MAIDEN NAME Syvilla toward	23. If death was due to external causes (VIOLENCE) fill in also the following:
ALKLY, d be car DEATH	16. BIRTHPLACE (city of town) Jack Balthur (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	For Market	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT PORTALITORIS, WINTER J. W.	
(m)	18. BURIAL CREMATION OR REMOVAL Jan 12 135	Manner of injury
	Place Date Date 19 19	Nature of injury
TEOH	19. UNDERTAKER SALVER S	24. Was disease or injury in any way related to occupation of deceased?
S. No	(Address) Olympic Ma	If so, specify (Signed) M. D.
» ż	20. FILED 19 19 19 Registrar.	(Address) Put Schaut wad
	Frickoy If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Village or City Villag	resident give city or town and State CATE OF DEATH 2
Length of residence in city or town where death occurred. H. Y. yr. 2. mos. 2. ds. How long in U. S. If of foreign by 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB, OR BACE OR DIVORCED write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (if death occurred in a horpital or institution, give its constant of the word of the property of the word of the word of the property of the word of the word of the property of the word of the propert	NAME instead of street and number) rth?
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB, OR BACE OR DIVORCED write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Month) 22. 1 HEREBY CER	CATE OF DEATH (Day) T 1 F Y That 1 attended deceased from
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE OR DIVORCED write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CER	CATE OF DEATH 2 (Day), 193 (Year) T I F Y (That 1 attended deceased from
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE OR DIVORCED write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFIC 21. DATE OF DEATH (Month) 22. I HEREBY CER	CATE OF DEATH 2 (Day), 193 (Year) T I F Y (That 1 attended deceased from
3. SEX 4. COLOR OR BACE Nacle 1. Single, Married, Widowed, or divorced HUSBAND of (or) WIFE of 4. COLOR OR BACE OR DIVORCED write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) 21. DATE OF DEATH (Month) 22. I HEREBY CER	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Day) (Year) T 1 F Y That 1 attended deceased from
HUSBAND of (or) WIFE of	11
13 1924	to 20, 1934
(1)	- 1 10 2. (
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than to have occurred on the date stated above, at	6 4 m ; death is s
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and relative as follows:	ed causes of importance
8 Frade profession or particular	Date of one
kind of work done, as SPINNER, Jaw Chronic Myogordal	La Durations
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (years)	ed cusp
10. Oate deceased last worked at this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) Careb Co. Ma Other Contributory Causes of importance:	
(State or county)	
13. NAME Philmon Lough	
14. BIRTHPLACE (city or town) Color Co. Mane of operation. (State or country) What has a configured discussion.	Date of
What test confirmed diagnosis?	
T 25. If South Was due to Sales had sauss \$ 100.	
16. BIRTHPLACE (city or town) (State or country) Where did injury occur?	Date of mjury, 15
17. INFORMANT William Territory Specify whether injury occurred in INDUSTR	r city or town, county and State) Y, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CLEMATION, OR REMOVAL Manner of injury	
Placed Placed Placed Nature of injury	
19. UNDERTAKER 24. Was disease or injury In any way related to	o occupation of deceased?
20. FILED COLVAIL (Signed) Registrar. (Address)	Falend Md

MARGIN RESERVED FOR BINDING

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Village or City Elkton (No. Union	(86-a) CERTIFICA Registration
	Yourseller St.: W.
2FULL NAME anna Mc Clos	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
Hemale White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH ### ### ### ### ####################	17 I HEREBY CERTIFY, That I Little 1984 to 19
7 AGE 7 8 yrs. // mos. / ds. If LESS that day	and that death occurred on the date str. The CAUSE OF DEATH * was as follows
(a) Trade, profession or particular kind of work (b) General nature of industry	Config.
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) West Chester. Pa.	Contributory Jerminal &
10 NAME OF Jerimiah Keeley	(Signed) a R. Curk
of FATHER (State or country) Seland	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal
of MOTHER Kutherine O'Brien	1B LENGTH OF RESIDENCE (For He
13 BIRTHPLACE OF MOTHER (State or Country) Ore Carrel.	At place of deathyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Kertherent J. Maleney (Address) Middleton Del. R.D.	Former or usual residence. Mr. Maddetions 19 PLACE OF BURIAL OR REMOVAL Newark. Del. St. Julia.
(1)	20 UNDERTAKER OF O

STATE OF MARYLAND

TE OF DEATH

on Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

E OF DEATH

(Day) (Year).... attended the deceased from ated above, at 5.

eath, or, in deaths from Injury and (2) Whether

ospitals, Institutions, Trans-

the State.....yrs.....mos.....

DATE OF BURIAL

V. S. No. 1.

54

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the etc., Without more present anine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid—probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," or intercurrent) affection need cough; as the cause. Chronic valvular statement of cause of etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00396
1. PLACE OF DEATH	(82)
County Cff	Registration Dist. No.
Village or City Lessyfulle	No. St., Ward
Length of residence in city of town where death-occurred 2 Syrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Garald alexas H	le Commons.
(a) Residence: No. / erryirle, Mil	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day 30 (Year)
Sa. If married, widowed, or divorced HUSBAND of Carl WHFE of Mary Mile Common	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day/apd year Aug 21, 1871)	Flast saw h. 4 alive on Harf, 35 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, a 3, 35 %.m.
63 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER are susficiently says the says that the says the	Jan.
Kind of work done, as SPINNER AN SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. BANK, etc. 10. Date decdaspl last worked at this occupation (month and 1) as sent in this of the sent in this compation (month and 1) as sent in the compation (month a	Melval Haemontage 29/93
10. Date deceased last worked at this occupation (month and / 9.3.6 spent in this occupation)	
12. BIRTHPLACE (city or town Caking town	Other Contributory Causes of importance:
(State or country)	
II 13. NAME CHURTS THE Communs	
14. BIRTHPLACE (city or town) Calbrington	Name of operation
(Clase of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Study Carrell 16. BIRTHPLACE (city for town) Carrell 16.	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (cityfor town)	Accident, suicide, or homicide? Date of injury, 19
Munh a Min Day and a	Where did injury occur? (Specify city or town, county and State)
(Address) Torry ville, Mill	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Date Felt 2, 1936	Manner of injury
19. UNDERTAKER LE J. Callerann	24. Was disease or injury in any way related to occupation of deceased? N6
(Address) (AMINITELL, MILL)	If so, specify
20. FILED 1/31 , \$35 L. Handero Registrar.	(Signed) January M. D. (Address) Languille Mid M. D.
70 11 1 11 11 0 0	NOTE OF THE PROPERTY OF THE PR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of important mame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis "	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenterilis	1 year.

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state

of OCCUPA.

VITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY,

V. S. No. 1

County Cecil	Co	Registration Dist. No. 93	
Village or City Quilsia	e Pising Sun	No. · St	Wa
	(1)	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town wher	e death occurred - AV yrsmos	sds. How long in U.S. if of foreign blrth?yrs,n	nos
2. FULL NAME // orsha	ll 6. Mc Cum	more	
(a) Residence: No.	/77 1 1	St./Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and	d State
3 SEY O A COLOR OF PACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	~
male White	OR DIVORCED (write the word)	18	. 193
5a. If married, widowed, or divorced	1 Single	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	U	22. I HEREBY CERTIFY, Thet lattended	deceesed fro
	0 4	1935 to	1900
6. DATE OF BIRTH (month, day, and year)	July 23 - 1889	I last saw harmalive on 1924	; death is sa
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm.	
43,- \$5-	28 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onse
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labor	en cyma	
9 Industry or business in which		Juan Co.	
work was done, es SILK MILL, SAW MILL, BANK, etc.			
10. Date deceesed last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupetion 2	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city of town) 1772 and (State of country)	yland		
13. NAME Townsend	L. McCummin	go	
14. BIRTHPLACE (city or town) D. HOL	ing ham, pan	Name of operation Date of	
(State of country)	dan .	What test confirmed diagnosis? Wes there en	autopsy?
15. MAIDEN NAME ELLA J 16. BIRTHPLACE (city or town) IP	Morrison	23. If death was due to external causes (VIOLENCE) fill in also the followin	0.
16. BIRTHPLACE (city or town) (State or country)	ng Sun, Mid.	Accident, suicide, or homicide? Date of injury	, 19
Constant of Country)	- M- 1-	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT Address)	nava.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.
18. BURIAL, CREMATION, OR REMOVAL	in priding	Menner of injury	
Plece fremont Pa	- Date Jun 2/ , 1936	Nature of injury	
LE TUS	2	24. Was disease or injury in eny way related to occupation of deceased?	
19. UNDERTAKER J. G J. J. J. Address Peners	Sun Mil.	If so, specify	
May 19 - 31 =		(Signed) USEM TOURS	3 M
20. FILED 19	Registrar.	(Address)/Vinue Jen	1 //

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

I. PLACE U	PEATH			(83)			
County	Cecil		110-	Dogintestian Diet No. 00			
Village or	City Perry Po	int, Mary	pland.	No. Vetterand administration 2 acst 4 f death occurred in a horpital or institution, give its NAME instead of street and s. 10 ds. How long in U.S. if of foreign birth?	Ward		
					05		
	MEFran						
(a) Reside	nce: No. 234 Fil	(Usualplace	onemaugh,	Pa St., Ward. If nonresident give city or town and	State		
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Market Committee of the		
3. SEX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (periet the word)			21. DATE OF DEATH			
male	white	Mary		January 19 (Day)	(Year)		
5a. If married, wido HUSBANO of (or) WIFF of				22. I HEREBY CERTIFY, That I ettended	dacaesed from		
	Treate or			August 9, 1925 to Jamary 19,1935.			
	(month, day, end year)	Feb. 25,		I last saw him aliva on Jan. 19, 1935, 19	; death is said		
4	40 11 ession, or particular	Days 6	If LESS than I day,hrs. ormin.	to heve occurred on the data stated above, at 12:50n.P.M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset		
O Industry or work was SAW MI 10. Date decease this occupaer)	R, BOOKKEEPER, atc	spa occ	nines lime (years) mt in this upation unknow	General Paralysis, corebral 8- Seneral paralysis of the insane. Carebral types Cursos of importance: None Cerebral lugge	-		
13. NAME	unkno wn				-		
	E (city or town)	known	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	Nema of operation Data of What tast confirmed diagnosis? Was there en a			
15. MAIDEN NA	AME Mary?			23. If death wes due to external causes (VIOL ENCE) fill in also the following			
	EE (city or town)	nown		Accident, suicide, or homicide?			
17. INFORMANT (Address)	Hospital re	cords		(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
	Tion, or REMOVAL Conemaugh, Pa.	Deta Ja r	. 21 1935	Manner of injury			
19. UNOERTAKER (Addrass) 20. FILEO 20	GEO. PENNIN	Co Mary I		24. Was disease or injury in eny way related to occupation of deceesad?	rector p		

-WRITE PLAI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registrary, S. P. Dry Point, Md.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 10-5		50000 AT 1		
Other contributory causes of importance:		Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
				9		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00399	
County Cecil	Project ration Diet No. 97	
Village or City near Union Columb.	Registration Dist. No.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No. North East Cecl Co. (Usual place of abode)	MSL. Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Jan //	
5a. If married, widowed, or divorced HUSBANO of	(-0)	
(or)-WIFE of Edith a M Call	22. I HEREBY CERTIFY. That I attended deceased	d from
6. DATE OF BIRTH (month, day, and year) Ot. 30 1870	rlast saw h _ alive on	المامانة
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 4.30 P.m.	12 2910
64 2, 2-2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
O Trade and all the second and a second a second and a second a second and a second a second and	Date of	onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Columne Paralyun	
SAW MILL, BANK, etc.	Typullitis	
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Tarth East md	Other Contributory Causes of importance:	
	Infuniza:	
	Name of a scatter	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?_	
15. MAIDEN NAME Lothie m. Miller	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Month East.	Accident, suicide, or homicide? Date of injury, 19_	
(State or country)	Where did injury occur?	
17. INFORMANT Clay (Address) Neware XIAlawaye	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date Date 13, 19:33	Neture of injury	
19. UNDERTAKER JOSEPH R. Grat. M. (Address) Anthony	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED FILE / 14 , 1975 & James Frag. Registrar.	(Address)	.M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

m 1 ż

SIAIL OF MARYLAND—	ERTIFICATE OF DEATH
County Cleed	Registration Dist. No. 92
Village or City Celkton maryland	Nation Hospital St., Ward death occurred in a horpital or institution, given to NAME instead of street and number)
\sim	21
2. FULL NAME	forme
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write word) OR DIVORCED (write word)	21. DATE OF DEATH Anuary 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
1 .03.	
6. DATE OF BIRTH (month, day, and year) anuary 3 - 190 J	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	theinfenticalulum / 500
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased tast worked at this occupation (month and	My fereneses frankurun
10. Date deceased tast worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) User Hospital (State or country) Colklon Maryland	Other Coatributory Causes of Importance:
13. NAME Clade John moreding	
13. NAME Clyde John Morid's 14. BIRTHPLACE (orly or towns) Maryland (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an au¹opsy?
15. MAIDEN NAME Gertha Mae Beard 16. BIRTHPLACE (city or town) Penneybrania	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
17. INFORMANT Portha Morrie (Address) Colpton Maruland	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of July
Place Cof Home Date 19	Manner of Injury
19. UNDERTAKER 70	24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 9 1934 Baun Frager	(Signed) — Car Curlinell M. I
Registrar. If more blanks are needed, address State Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	\mathbf{BY}	PHYSICIAN
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

" Take

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00	1403
1	County Cecil	(1-2)	A
	6 0 .00 Pd	Registration Dist. No.	
	0	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
		ds. How long in U.S. if of foreign birth?yrsmo	
1	E . O	berto	
	(a) Residence: No. Near Earlevillo (Usual piace of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	J. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 5	, 193-5
5a.	If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
	(or) WIFE of Bradford Roberts	22. I HEREBY CERTIFY, That I attended of	
	1870 / +.	, 19, to	
	DATE OF BIRTH (month, day, and yeer) NO importantion AGE Years Months Days If LESS than	I last saw h alive on	; death is said
	Fout 65 1day,hrs.	to have occurred on the date stated above, at	
		were as follows:	Date of onset
UPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	privating fillimonia	
AT	9. Industry or business in which	died in a cabin on river slow	
CUI	work was done, as SILK MILL, SAW MILL, BANK, etc	the to see his laid or on the	-
OCCI	10. Date deceased last worked at this cocupation (month and Acc 34 11. Total time (years) spent in this	attents.	
-	year) occupation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) Salts	grippe and fever	12/00/04
~ 1	(State or country)		
HER	13. NAME no information		
FATH	14. BIRTHPLACE (city or town)	Name of operation Date of	
-	(State or country)	What test confirmed diagnosis? Was there an at	Popsy? he
MOTHER	15. MAIDEN NAME Maria Wye	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town) not informat	Accident, suicide, or homicide? Date of Injury	, 19
	(State or country)	Where dld injury occur? (Specify city or town, county and State	
17.	(Address) 1. J.D. Carleville . M.d.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18.	BURIAL, CREMATION, OR REMOYOL	Manner of injury	
	Place reller accelere Date Jaw. 1. 1935	Nature of injury	
19.	UNDERTAKER OF THE CASE OF THE	24. Was disease or injury in any way related to occupation of deceased?	ho
20.	FILED COLD 1931 Dowald Registrar.	(Signed) J. Northey Frager, los (Address) Eyettin had	works.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

RESERVED

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		(P)	

V. S. No. 1 B. ż of OCCUPA-

5 I A I E OF MARYLAND	CERTIFICATE OF DEATH
0.	115-03
County Older	Registration Dist. No.
	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or tolyn where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Thomas Trances	Sexton
(a) Residence: No. // 02 3/2	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, That I attended deceased from
(or) HIE Cuma Selon	June 1 19 34 10 Jan 5 1935
6. DATE OF BIRTH (month, day, and year) Cure 8 / 854	/ last saw h Low alive on Law 14 , 19 35; death is sei
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.369m.
80 4 27 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onese
kind of work done, as SPINNER, an green Return SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Flue Deft. SAW MILL, BANK, etc. 11. Total time (years) This occuration (month and	Mueral Ulleromata 1933
and Industry or business in which work was done, as SILK MILL, Flue Defit.	
SAW MILL, BANK, etc.	-
10. Date deceased last worked at this occupation (month and 918 occupation this occupation)	
Baltimore	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Full wells Jour Mitti Des
E 13. NAME James Sexton	76
14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? PLO
15. MAIDEN NAME VIL an garet	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Q. H. Meister (Address) Persy Pourt Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Condah Park Date Jan 5, 19 3	Nature of injury
19. UNDERTAKER Jose ah Syfer (Address) 1600 W W. and Batto Ma	24. Was disease or injury in any way related to occupation of deceased? 720
20. FILED (-5 19 5 51 deceler Registrar.	(Signed) 1 to Magnett M. I.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

00405

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BINDING

FOR

MARGIN RESERVED

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Gallstones	May 1,1923	Gastroenteritis	1 year

B

STATE (OF MARYLAND—	CERTIFICATE OF DEATH 0040	18
1. PLACE OF DEATH		23	
Village or City Clusar	wake Cly	No. Registration Dist. No. St.,	Wa
Langth of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number sds. How long In U.S. if of foraign birth?yrsmos	r)
2. FULL NAME Thon	ias Smith		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 13 193 (Month) (Day)	S Yeer)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	a gane Smith	22. JAHEREBY CERTIFY That I attended decass	
6. DATE OF BIRTH (month, day, and year)	reft. 10 1873	1) ast saw h Aun alive on Aun 1997 deat	وين h is si
7. AGE Yaars Months	Days If LESS than	to heva occurrad on the date stated above, at	
6/ 4	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofons
8. Trade, profassion, or perticular kind of work done, as SPINNER, J. SAWYER, BOOKKEEPER, etc	enn Labore	Lealing many tukendoi	
Industry or business in which work was done, as SILK MILL,		f of A V	ed,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yaars) spent in this occupation	ball lungs -	
12. BIRTHPLACE (city or town) Cheso (State or country) Manage	peake chy RD,	Dther Contributory Causes of importance:	
	Smith		
14. BIRTHPLACE (city or town) Quee (State or country)	in anus County	Mil 4. A Data VI.	
15. MAIDEN NAME Philli	Kane	What tast confirmed diegnosis?	?
15. MAIDEN NAME Phillis 16. BIRTHPLACE (city or town). Classes or country)	il County	23. If death was due to externel ceuses (VIDL ENCE) fill in also the following: Accidant, suicida, or homicide?, 1	9
17. INFORMANT Mrs Those S (Address) Chesakeake	with my	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Mano	2 Data Jan 15-, 1935	Manner of injury	
19. UNDERTAKER HORIZON	This	24. Was diseasa or injury in any way related to occupetion of daceasad?	
20. FILED 1/15 , 1935 B.	H. Brown Registrar.	(Signed) Alle V. Dours (Address) he asseake ah M.	L.

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County County	95-0
	Registration Dist. No. 93
Village or City Out vide Contiver	46 No. St., If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs.	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Comma Jame Spr	rut
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERT/FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White Widow	Jan 27 193 2
	(Month) (Day) (Yee
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Lackson, Skrout	22. HEREBY CERTIFY, Thet I ettended deceased
1 1000	, 19-1 to fam 2 , 19-
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at the first me.
αγ ε	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Yourse wife.	
9. Industry or business in which work was done, as SILK MILL,	A
SAW MILL, BANK, etc. 11. Total time (years)	- Bronefilis Jan.
this occupation (month and 1928 spant in this occupation spant in this occupation spant in the s	1
12. BIRTHPLACE (city or town) - Party describe	Other Contributory Causes of Importance:
(State or country)	miscardily . hand
13. NAME John Barrow	
14. BIRTHPLACE (city or town) - Conquesigo	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Wes there an autopsy?_
15. MAIDEN NAME Elegabeth & andabury	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) UMR WWW.	Accident, suicide, or homicide?, 19_
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Affalone Decent	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Salama
Place Dakural Datan 3/ 193.	Manner of injury
July Trym,	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Addition) (Addition) (Addition)	If so, specify
20, FILED AW 28, 19 3/2	(Signed) 4, Sallion -
ZM W Whin alm Registrar.	(Address) Darlington.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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